PARKVIEW CARE CENTER 50 WOLVERTON AVENUE

RIPON 54971 Phone: (920) 748-56	38	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operatio	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	85	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	85	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	77	Average Daily Census:	79
*************	*****	*********	**********

1	3 (12/31/03)	of Residents	agnosıs	Age, Gender, and Primary Di	Services Provided to Non-Residents		
				<u> </u>	No	Home Health Care	
,						± ±	
	5.2		0.0	<u> </u>	No	± ±	
74 11.7	11.7	65 - 74	13.0	Mental Illness (Org./Psy)	No	Day Services	
84 32.5   79.2	32.5	75 - 84	3.9	Mental Illness (Other)	No	Respite Care	
94 31.2   **********************	31.2	85 - 94	0.0	Alcohol & Other Drug Abuse	No	Adult Day Care	
Over 19.5   Full-Time Equivalent	19.5	95 & Over	0.0	Para-, Quadra-, Hemiplegic	No	Adult Day Health Care	
Nursing Staff per 100 Residents			0.0	Cancer	Congregate Meals No		
100.0   (12/31/03)	100.0		1.3	Fractures	No	Home Delivered Meals	
Over 94.8	94.8	65 & Over	33.8	Cardiovascular	No	Other Meals	
RNs 6.7			0.0	Cerebrovascular	No	Transportation	
r %   LPNs 9.5	%	Gender	16.9	Diabetes	No	Referral Service	
Nursing Assistants,			2.6	Respiratory	Yes	Other Services	
29.9   Aides, & Orderlies 38.6	29.9	Male	28.6	Other Medical Conditions	1	Provide Day Programming for	
e 70.1	70.1	Female			No	Mentally Ill	
			100.0		1	Provide Day Programming for	
100.0	100.0	l			No	Developmentally Disabled	
	5.2 11.7 32.5 31.2 19.5  100.0 94.8 		0.0 13.0 3.9 0.0 0.0 1.3 33.8 0.0 16.9 2.6 28.6	Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	No   No   No   No   No   No   Yes	Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		Family Care			anaged Care	l 		
Level of Care	No.	્ર	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	8	Per Diem (\$)	No.	ું ગું	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.4	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	17	100.0	264	38	92.7	114	0	0.0	0	15	100.0	149	4	100.0	114	0	0.0	0	74	96.1
Intermediate				2	4.9	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		41	100.0		0	0.0		15	100.0		4	100.0		0	0.0		77	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	15.2	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	9.1		59.7	31.2	77
Other Nursing Homes	0.0	Dressing	9.1		59.7	31.2	77
Acute Care Hospitals	80.8	Transferring	19.5		54.5	26.0	77
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.3		58.4	27.3	77
Rehabilitation Hospitals	0.0	Eating			20.8	13.0	77
Other Locations	4.0	*****	*****	*****	******	******	******
Total Number of Admissions	99	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	3.9	Receiving Resp	iratory Care	15.6
Private Home/No Home Health	25.5	Occ/Freq. Incontiner	nt of Bladder	71.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	35.1	Receiving Suct	ioning -	0.0
Other Nursing Homes	0.9				Receiving Osto	my Care	0.0
Acute Care Hospitals	14.2	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	48.1
Rehabilitation Hospitals	0.0						
Other Locations	20.8	Skin Care			Other Resident C	haracteristics	
Deaths	38.7	With Pressure Sores		18.2	Have Advance D	irectives	93.5
Total Number of Discharges	į	With Rashes		11.7	Medications		
(Including Deaths)	106				Receiving Psyc	hoactive Drugs	58.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownership:			Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	96	% %		용	Ratio	양	Ratio	왕	Ratio
Occurrency Potest Assessed Pode	70.0	04.0	0.85	00.0	0 01	0.0 1	0.91	07.4	0 01
Occupancy Rate: Average Daily Census/Licensed Beds	79.9	94.0		88.0	0.91	88.1		87.4	0.91
Current Residents from In-County	72.7	77.2	0.94	72.9	1.00	69.7	1.04	76.7	0.95
Admissions from In-County, Still Residing	24.2	23.9	1.01	20.1	1.20	21.4	1.13	19.6	1.23
Admissions/Average Daily Census	125.3	101.9	1.23	129.5	0.97	109.6	1.14	141.3	0.89
Discharges/Average Daily Census	134.2	102.4	1.31	130.3	1.03	111.3	1.21	142.5	0.94
Discharges To Private Residence/Average Daily Census	34.2	39.2	0.87	52.2	0.66	42.9	0.80	61.6	0.55
Residents Receiving Skilled Care	97.4	96.3	1.01	93.7	1.04	92.4	1.05	88.1	1.11
Residents Aged 65 and Older	94.8	97.2	0.98	94.2	1.01	93.1	1.02	87.8	1.08
Title 19 (Medicaid) Funded Residents	53.2	64.2	0.83	66.3	0.80	68.8	0.77	65.9	0.81
Private Pay Funded Residents	19.5	25.9	0.75	21.6	0.90	20.5	0.95	21.0	0.93
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	16.9	38.5	0.44	36.2	0.47	38.2	0.44	33.6	0.50
General Medical Service Residents	28.6	20.1	1.42	21.5	1.33	21.9	1.31	20.6	1.39
Impaired ADL (Mean)	51.2	51.0	1.00	48.4	1.06	48.0	1.07	49.4	1.04
Psychological Problems	58.4	53.0	1.10	53.4	1.10	54.9	1.06	57.4	1.02
Nursing Care Required (Mean)	11.9	7.7	1.53	6.9	1.71	7.3	1.63	7.3	1.62